United Nations E/ICEF/2003/P/L.10

Economic and Social Council

Distr.: Limited
2 April 2003

Original: English

For action

United Nations Children's Fund
Executive Board
Annual session 2003
2-6 and 9 June 2003
Item 6 of the provisional agenda*

Draft country programme document**

Democratic People's Republic of Korea

Summary

The Executive Director presents the draft country programme document for the Democratic People's Republic of Korea for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $3,310,000 from regular resources, subject to the availability of funds, and $9,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2004 to 2006.

* E/ICEF/2003/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF Extranet in October 2003, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2004.

03-30762 (E) 300403

Basic data (2001 unless otherwise stated)	
Child population (millions, under 18 years)	7.0
U5MR (per 1,000 live births)	55
Underweight (%, moderate and severe) (2002)	21[a]
Maternal mortality ratio (per 100,000 live births) (1996)	110
Primary school enrolment/attendance (% net, male/female)	..
Primary school children reaching grade 5 (%) (1998)	100
Use of improved drinking water sources (%) (2000)	100
Adult HIV prevalence rate (%)	..
Child work (%, 5-14 year-olds)	..
GNI per capita (US$)	[b]
One-year-olds immunized against DPT3 (%)	..
One-year-olds immunized against measles (%)	..

[a] Age group 0 to 7 years.
[b] Range estimated at $745 or less.

The situation of children and women

1. The Democratic People's Republic of Korea has a population of approximately 23 million, 2 million of whom are children under five years of age. A majority (61 per cent) live in urban areas, reflecting the traditional industrial base of the economy.

2. The Democratic People's Republic of Korea became a State Party to the Convention on the Rights of the Child in 1990 and to the Convention on the Elimination of All Forms of Discrimination against Women in 2001. It has an impressive body of laws committing the State to the realization of children's and women's rights.

3. The economy of the country suffered significantly from the dissolution of the socialist bloc that provided a market for its industrial goods and was a source of cheap and subsidized raw materials, including fuel. Combined with widespread natural disasters in the mid-1990s and limited interaction with the world economy, this led to a sharp economic downturn seriously constraining the Government's ability to feed and care for its people. Following an appeal to the international community in 1995, the country has benefited from much-needed large-scale humanitarian relief.

4. According to government figures, from 1993 to 1998, per capita income declined from $991 to $457; the infant mortality rate increased from 14 to 24 per 1,000 live births and the under-five mortality rate from 27 to 50 per 1,000 live births. This increase in child mortality resulted from acute food shortages, combined with heightened morbidity and reduced capacity of the health system to manage childhood illness caused by a severe shortage of essential drugs and general degradation of health infrastructure and water and sanitation systems. The main

causes of child deaths are diarrhoea and acute respiratory infections (ARI), with malnutrition presumed to underlie around one half of these deaths.

5. According to a 1998 survey, the prevalence of acute malnutrition (wasting) among children aged under seven years was 16 per cent; the prevalence of chronic malnutrition (stunting) was 62 per cent. The 2002 nutrition assessment shows an improvement in adjusted prevalence for the same indicators to 9 and 42 per cent, respectively. This improvement may be attributed in part to the substantial humanitarian assistance provided by the international community, as well as to the increase in food production due to more favourable climatic conditions and international assistance in agriculture. Child malnutrition is worse in the north-eastern provinces than in the rest of the country, as is true of most child development indicators.

6. Immunization rates have increased sharply since 1998, providing better protection for children from disease. A 1998 survey found coverage for three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) at 37 per cent and for measles at 34 per cent. Ministry of Public Health figures in 2002 show coverage of 67 and 86 per cent, respectively, for the same vaccines. Polio eradication activities have been very successful, with around 95 per cent of children under five years old receiving two doses of oral polio vaccine each year over the past six years. Over the past five years, a similar percentage of children aged six months to five years have received twice yearly vitamin A supplementation.

7. Women form almost one half of the total labour force, so practically all children are enrolled in state nurseries from the age of three months to four years and go on to kindergartens during their fifth and sixth years. The level of care provided to young children has deteriorated due to shortages of food, fuel for heating and other supplies. There is limited interaction between these institutions and children's home environments.

8. Primary and secondary schooling in the Democratic People's Republic of Korea is free and compulsory, and all children up to the age of 17 years are enrolled. Much effort and dedication, particularly on the part of teaching staff, have gone into maintaining the standard of education. However, economic difficulties have resulted in shortages of textbooks, school materials and fuel for heating during the long sub-zero winters. In some instances, attendance has thus become intermittent. Learning methods have also not evolved in step with international developments.

9. HIV/AIDS has not yet impacted the country. Officially, there are no cases, and vigilance is quite high. Nevertheless, it is unlikely that the epidemic sweeping Asia will pass any country by, and preventive measures, especially adequate information to young people and others, will be needed urgently. Child labour and other forms of exploitation are illegal, and there are no recorded instances in the country. Similarly, however, vigilance is needed to ensure that child exploitation issues do not arise.

10. Women have equal status with men in law, but they also shoulder a double burden of holding down full-time employment and carrying all household responsibilities. The 2002 nutrition assessment found that 32 per cent of the mothers examined were malnourished, an important factor contributing to the continuing very high level of stunting in children. The maternal mortality ratio was estimated to be 105 per 100,000 live births in 1998 despite low fertility (2) and the high average age of women at marriage (24-26 years).

11. For the country to exit from its humanitarian emergency, extensive development cooperation is needed alongside the humanitarian assistance that is vital to assure the survival, growth and development of children. Without reducing that humanitarian assistance, more needs to be done to build the capacity for development, which will also increase effectiveness of humanitarian aid. Such cooperation, however, is constrained by political factors limiting the involvement of most donors to the humanitarian sphere.

Key results and lessons learned from previous cooperation, 2001-2003

Key results achieved

12. The 2001-2003 country programme benefited from generous contributions, mostly through the Consolidated Appeal Process (CAP) from the Governments of Australia, Canada, Denmark, Finland, Italy, the Netherlands, New Zealand, Norway, the Republic of Korea, Sweden and the United Kingdom; the European Commission Humanitarian Office; Kiwanis International; the German, Korean and United States Committees for UNICEF; and others. It was, however, always underfunded.

13. UNICEF, in close partnership with the World Health Organization (WHO), provided vaccines, vaccination and cold-chain equipment, and training to the national immunization programme. This helped to achieve the increased vaccination coverage noted above, although universal routine immunization is still a challenge. Factors to be resolved include planning and management and cold-chain performance, especially given the formidable energy constraints. UNICEF and WHO, with major contributions from Rotary International and the United States Centers for Disease Control and Prevention, have supported highly successful National Immunization Days (NIDs) for polio eradication. With WHO support, improvements in acute flaccid paralysis surveillance show that polio is effectively eradicated, although certification will be done for the WHO South-east Asia region as a whole. Together with the International Federation of Red Cross and Red Crescent Societies (IFRC), UNICEF has provided essential medicines for all health institutions in the country, along with training and technical assistance, with the objective of reducing mortality, particularly from diarrhoea and ARI. UNICEF and WHO, with funding from Diakonie in Germany, have also supported the local production of five vital medicines. Limited funding has constrained the regular supply of drugs in sufficient quantity. Surveys conducted in 1998 and 2002 show almost no drop in diarrhoea incidence, indicating the continued need for attention to this important cause of child mortality, especially the availability of oral rehydration salts and other essential medicines for treatment, and improved capacity for management of childhood illness. Little progress has been achieved in improving maternal care beyond providing equipment to key health institutions due largely to limited funding and prioritization of other parts of the health programme. Women's health will need greater attention in the future.

14. UNICEF has provided therapeutic foods for the rehabilitation of severely malnourished children, vitamin A supplements, equipment and supplies for salt iodization, and technical assistance. In cooperation with the World Food Programme (WFP), UNICEF has also assisted the local production of fortified blended foods for children and women. Malnutrition rates have fallen from 1998 to 2002 roughly in

line with the programme target of about 50 per cent. Low birth weight has declined by two thirds compared to the target of one half, although the reasons are not clear. The child stunting rate is, however, still very high, as is maternal malnutrition, indicating the need to do more to improve the care of women and young children. While vitamin A supplementation of children aged six months to five years has been very successful, the 2002 nutrition assessment found that only 33 per cent of mothers had received post-partum supplementation. Again this shows neglect of women's health and nutrition even though it is extremely influential to the growth and development potential of young children. Anaemia in women has apparently not fallen, although the samples in the two surveys are too small to draw definitive conclusions. Prenatal consultations, which cover many women, do not include systematic iron and folic acid supplementation. Universal salt iodization has not been achieved due to the limited salt refining capacity. UNICEF has sought support from the United Nations Industrial Development Organization to overcome this hurdle.

15. The water and environmental sanitation (WES) programme targeted wide coverage of a large number of child-care institutions and communities with very limited financial and technical resources. UNICEF supplies were spread very thinly. The 2001 annual review agreed to the need for a change of strategy for water supply to cover fully a limited number of focus counties (three in 2002 and a further two in 2003) and child-care institutions, as well as functioning pumping stations. Similarly, sanitation coverage was concentrated on focus counties, which has resulted in higher quality of service provision and national and local capacity-building.

16. UNICEF provided paper for textbook production and basic school supplies. It also cooperated with the United Nations Educational, Scientific and Cultural Organization (UNESCO) in Education for All planning and promotion of an educational management information system. Limited funding forced hard prioritization of primary schools in the most vulnerable north-eastern provinces and kindergartens nationwide. The mid-term review (MTR) agreed that there was a need to integrate learning on HIV/AIDS prevention into the school curriculum.

17. The programme information, monitoring and evaluation programme improved analysis and knowledge on the situation of children and women, increased awareness on the Convention on the Rights of the Child and better emergency preparedness. It also covered overall programme communication. UNICEF provided overseas training, equipment and technical assistance to the Central Bureau of Statistics, most visibly in the introduction of ChildInfo, software for the recording and dissemination of data on the situation of children and the successful implementation of the 2002 nutrition assessment. Conducted in collaboration with WFP, the Centre for International Child Health (London) and the Thailand Health Foundation (Bangkok), in addition to the quantitative information collected, the assessment also provided much qualitative information through the random household visits that it entailed.

Lessons learned

18. A key lesson emphasized during annual reviews and the MTR, held in October 2002, has been the importance of strategic programming focus. UNICEF cooperation has continuously adjusted to target its relatively few resources in the

face of great humanitarian needs. For example, in 2002, UNICEF reduced the range of essential medicines provided to a few of the most vital to ensure continuity of delivery rather than supplying a wider range of medicines for only a small part of the year. Since human resources are the foundation for all development, the Government and UNICEF have identified integrated early childhood development (ECD) as the area of highest priority. The MTR also concluded that although UNICEF capacity to respond to emergencies has recently improved, emergency preparedness could be developed further.

19. A further important lesson emphasized in reviews with the Government and in the conclusion of the Common Country Assessment (CCA) and situation analysis of children and women is the need to combine humanitarian action with moves towards development. With limited resources, few external partners and a continuing humanitarian imperative, there is little scope to take interventions to scale. Thus, UNICEF has sought ways to combine humanitarian assistance and development cooperation, for instance, through developing, in conjunction with WHO, the United Nations Population Fund (UNFPA) and IFRC, new standard medicine lists and treatment protocols in addition to providing the medicines themselves. In this context, through the WES programme in particular, the Government and UNICEF have identified the county as the most appropriate level to pilot innovations that can strengthen national planning in the social sector. Counties are relatively autonomous in terms of resources and decision-making, and are of manageable size for modelling development strategies and determining their replicability at an affordable cost. This will also help in planning larger-scale social development actions once financing for these becomes available.

The country programme, 2004-2006

Summary budget table*

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Nutrition and care	1 500	1 500	3 000
Health services	300	3 900	4 200
Water and environmental sanitation	300	2 700	3 000
Education	150	750	900
Planning and advocacy	600	150	750
Cross-sectoral costs	460	0	460
Total	**3 310**	**9 000**	**12 310**

* UNICEF has participated in annual consolidated inter-agency appeals for the Democratic People's Republic of Korea since 1997. In 2002, funding received through the appeal was $5.9 million. Given the chronic nature of the emergency, it is anticipated that there will be further appeals during the period of this country programme.

Preparation process

20. Country programme preparation was led by the Democratic People's Republic of Korea National Coordinating Committee for UNICEF in collaboration with the concerned line ministries. The programme is based on the findings of the CCA and situation analysis of children and women, and on the conclusions of the MTR of the previous country programme, all carried out in 2002. The situation analysis incorporates major findings of the 2002 nutrition assessment. The content of the country programme was confirmed at a strategy meeting held in March 2003 with the involvement of all key government departments, United Nations agencies, and other humanitarian and development partners.

Goals, key results and strategies

21. The goal of the country programme is to contribute to improving children's and women's health and nutritional status and assuring that boys and girls are well educated so that by 2006: (a) infant, under-five and maternal mortality are reduced in line with the targets of the Millennium Development Goals; (b) stunting and maternal malnutrition are reduced by one fifth of their 2002 levels; and (c) all boys and girls complete kindergarten, primary and secondary schooling with appropriate learning levels. Achievement of these results will be measured through the conduct of multiple indicator cluster surveys (MICS) in 2004 and 2006.

22. The two main strategies adopted are the following. National capacity for service delivery and planning will be developed through a combination of training and technical assistance at the national level; continued support to key nationwide activities, such as immunization and supplies to provincial hospitals; and integrated multisectoral action in 10 focus (rural) counties and (urban) districts[1] to develop new, more efficient and effective approaches for comprehensive care of young children and women and improved quality of education. Focus county/district experience will feed back into national policy review. The majority of regular and other resources will be devoted to this strategy. At the same time, through CAP, essential humanitarian assistance will continue to be provided to maintain basic health and education services and to provide for some improvement in drinking water supply and sanitation. Critical shortfalls in emergency funding may necessitate reallocation of regular resources and regular other resources.

Relationship to national priorities and UNDAF

23. The Democratic People's Republic of Korea has no national medium-term development plan. However, the proposed programme has been designed with the concerned government authorities and is harmonized with existing laws and policies pertaining to the rights of children and women.

24. The United Nations Development Assistance Framework, which was to have been prepared in 2002, has been postponed to 2003. With the changes of strategy, both UNICEF and UNFPA opted to present new three-year country programmes to

[1] The Democratic People's Republic of Korea comprises 9 provinces and 3 municipalities, subdivided into 205 counties and districts.

their respective Executive Boards. The United Nations Development Programme (UNDP), on the other hand, is presenting a one-year extension to its current country programme. This has been discussed and agreed upon among the agencies, and their subsequent recommendations will bring them back into synchronization, based around the forthcoming UNDAF.

Relationship to international priorities

25. The programme is designed to help achieve the appropriate Millennium Development Goals to which the Democratic People's Republic of Korea is committed, as well as the goals of the United Nations General Assembly Special Session on Children as contained in the outcome document, "A World Fit for Children." It addresses directly four of the organizational priorities of the UNICEF medium-term strategic plan in areas where UNICEF cooperation has a clear comparative advantage. Linkages are explained in the sections above on goals, key results and strategies and below on programme components. They will be further elucidated in the results matrix.

26. Three main focuses of the country programme — reduction of malnutrition, enhanced family and community child-care capacities, and improved collection and use of disaggregated data on children — respond to major comments of the Committee on the Rights of the Child.

Programme components

27. **Nutrition and care**. This programme will help to facilitate the optimal growth and development of young children by enhancing the quality and quantity of care for women, as a key determinant of ECD, and promoting improved family, community and institutional capacity to provide care for children. In conjunction with the health services programme, it will also address micronutrient deficiencies that constrain the growth and development of children and the well-being of women. Key results sought are that: (a) by 2006, 10 focus counties/districts in 6 provinces and 2 municipalities will operate a new strategy for improved family and institutional care of young children and pregnant/nursing mothers, with sustained reduction in malnutrition and a plan to go to national scale; and (b) by 2005, all households will use iodized salt.

28. The *care for children and women* project will support the promotion of a range of feeding and care practices, including micronutrient supplementation, for young children and pregnant and nursing mothers. Parental involvement in village/neighbourhood nurseries and parents' education will be key features. The primary facilitators of this process will be staff of the *ri/dong* (small administrative entities within counties/districts in rural/urban areas, respectively) clinics/hospitals and of nurseries. Strategies for this will be developed and implemented in the focus counties and districts, ensuring that the results are used in the formulation of a national policy and plan of action on ECD. The caring and learning capacity of workers in nurseries in focus areas will be strengthened to improve the psychosocial development of children being cared for in those institutions, as well as ways found to strengthen family care. At the national level, the Institute of Child Nutrition and Department for Guidance of Nurseries, along with other sections of Ministry of

Public Health, will provide technical and managerial support. UNICEF will also continue to collaborate with WFP for the local production and distribution of fortified complementary foods for young children and pregnant/nursing mothers. The *micronutrients* project will support ongoing policy development and enhanced production of iodized salt to provide for universal coverage. Studies will look into more sustainable strategies for micronutrient food fortification and supplementation. This will be implemented by the Ministry of Public Health and the Institute of Child Nutrition, and for salt production, by the State Planning Commission.

29. The programme will be managed by Ministry of Public Health, with technical input from the departments mentioned above. The Health Education Institute and the Grand People's Study House will provide specialized support for communication activities. The Democratic Women's Union will facilitate educational activities for women and collaborate in advocacy. Caritas-Hong Kong and Save the Children (United Kingdom) are anticipated partners in the provision of support to nurseries and clinics.

30. Regular resources will be used for technical assistance and other resources mostly for support to salt iodization and for supplies. Fortified food production will be financed through CAP.

31. **Health services**. This programme will strengthen the health system's capacity to address the most common causes of mortality in children and women. Key results sought are that: (a) by 2006, the immunization coverage rate is raised to above 90 per cent for all antigens and the vitamin A supplementation rate is maintained at above 95 per cent; (b) during 2004-2006, all provincial paediatric hospitals correctly and adequately provide rehabilitation for severely malnourished children, with referrals from county hospitals fully functioning by 2006, and all health institutions correctly and adequately treat all cases of childhood diarrhoea and ARI; and (c) by 2006, maternity hospitals in 6 provinces and 2 municipalities provide adequate emergency obstetric care, with stabilization and referral operational in 10 focus county/district hospitals, and a plan to go to national scale is developed.

32. The *immunization plus* project will continue to facilitate the conduct of regular immunization of infants and pregnant women nationwide, including the elimination of neonatal tetanus. Special attention will be given to strengthening the cold chain, improved injection safety, expanded disease surveillance and to extending cooperation with the Global Alliance for Vaccines and Immunization and other potential sources of funding for sustainability of immunization. Although the NIDs for polio eradication ceased at the end of 2002, the project will continue to operate national health days for vitamin A supplementation of young children and other appropriate interventions. UNICEF will collaborate with WHO in all aspects of the project. Vitamin A capsules and technical support will be funded from other resources and vaccines and equipment from other resources and through CAP. Regular resources will be reserved for advocacy and capacity-building.

33. Through the *maternal and child health* project, in collaboration with WHO, UNFPA and IFRC, the quality of health services available to children and women will be enhanced through implementation of the Integrated Management of Childhood Illness approach and through improvements to referral services for obstetric emergencies. Support will include training for health personnel, the production of relevant manuals and the appropriate supply of equipment. It will operate especially in the 10 focus counties/districts in order to garner experience for

the overall national health policy. The project will also provide support for the rehabilitation of severely malnourished children in all 12 provincial paediatric hospitals. All of this will be underpinned by continuing support to the provision and distribution of essential drugs. As in the past, the focus will be on the continuity of supply, adjusting the range of drugs to available funding and assuring necessary improvements in in-country logistics. In order to begin to foster greater sustainability, the project will facilitate cooperation for the restoration of the country's capacity to produce the most essential drugs locally. Regular resources will be used for advocacy and capacity-building. All supplies and technical support will be funded from other resources and through CAP.

34. The programme will be managed by the Ministry of Public Health. The Health Education Institute and the Grand People's Study House will provide specialized support for communication activities.

35. **WES**. This programme will focus on improvements in the physical environment of children and women in order to prevent common diseases such as diarrhoea and skin infections. With vast needs and limited resources, most interventions will necessarily be constrained geographically to the focus counties/districts. Key results sought are that by 2006: 80 per cent of households and all child-care institutions in 10 focus counties/districts have access to drinking water of adequate quantity and quality; proper sanitation facilities are installed in all child-care institutions in the 10 focus counties/districts; and provincial WES improvement plans are developed in six provinces.

36. The *focus counties* WES project will rehabilitate complete piped water systems, the most common water supply system in the country, progressively covering 10 whole counties/districts. With the lessons learned from these focus counties, province-wide water supply improvement proposals will be prepared for later larger-scale funding. At the same time, key child-care institutions (such as baby homes, nurseries, schools, hospitals) will receive rehabilitation of bathrooms and latrines, and, where technically appropriate, borewells to assure an independent source of water. In conjunction with the *care for children and women* project, this project will also promote hygiene and sanitation among families in focus counties. Local city management and health authorities will be provided with supplies and equipment to monitor water quality. Regular resources will be used for advocacy and training, and other resources for technical support, capacity-building and some supplies, with other supplies funded through CAP.

37. The *emergency water supply rehabilitation* project will continue to provide disinfectants and spare parts to functioning water treatment stations and for emergency support for areas affected by natural disasters. This project will be funded through CAP.

38. The programme will be managed by the Ministry of City Management, in conjunction with the Ministry of Public Health anti-epidemic stations for water quality testing and hygiene education. The Health Education Institute and the Grand People's Study House will provide specialized support for communication activities. Cooperation will be fostered with IFRC and European non-governmental organizations that also provide assistance in the WES sector.

39. **Education**. This programme will maintain participation in and improve the quality of the country's system of free and compulsory education. Key results

include: during 2004-2006, all boys and girls in the three most vulnerable provinces and in kindergartens nationwide will receive textbooks and basic school supplies; by 2006, 10 focus counties/districts will implement school physical and quality improvement plans, with a plan developed to take this to national scale; and by 2006, all schools nationwide will provide learning for children on child rights and HIV/AIDS.

40. The programme will continue to provide essential school supplies and paper and ink for the printing of textbooks. At the same time, in conjunction with UNESCO, it will address issues of quality of education, flagged by the Government as a priority area. The programme will help to formulate the national plan of action for education for all and implementation strategies. In focus counties/districts, the national plan will be translated to a local school improvement plan, and support will be given to improve the physical environment of the school (such as water and sanitation), teaching methods, learner assessment and school-community interaction. This will enhance efficiency and child-friendliness, especially to encourage girls' attendance, in both schools and kindergartens. Nationally, the programme will support the development of an educational management information system to be used as a primary tool to plan educational services for children. The programme will also assure that children receive essential information and learning on child rights and prevention of HIV/AIDS. Regular resources will fund advocacy on educational quality. Other resources will be used for technical support and capacity-building. Most supplies will be funded through CAP.

41. The programme will be managed by the Ministry of Education. The Ministry of City Management will provide support for water supply and sanitation in schools and kindergartens. In addition to UNESCO, WHO and the Joint United Nations Programme on HIV/AIDS will collaborate on HIV/AIDS prevention.

42. **Planning and advocacy**. This programme will strengthen information-based planning systems responsive to the situation of children and women, and will be the focal point for emergency preparedness. Key results sought by 2006 include: children's situation and National Plan of Action (NPA) targets are fully tracked in six provinces and two municipalities; and NPA targets are reviewed and updated based on progress. The programme will support further development of ChildInfo to track key indicators on the situation of children and women, and will produce an annual assessment of progress in implementing the NPA. Special support will be provided in focus counties/districts. In 2004 and 2006, this will be supplemented by MICS, and specific research topics may also be supported. The information and analysis generated will be used to improve social sector planning and monitoring and to track the progress of the country programme. This programme will support regular monitoring and evaluation of the country programme through the Integrated Monitoring and Evaluation Plan (IMEP). Regular resources will be used for technical support and capacity-building, while other resources will provide for supplies and equipment and some additional capacity-building.

43. The programme will be managed by the Central Bureau of Statistics, in conjunction with the National Coordinating Committee for UNICEF, the State Planning Commission and line ministries. Close collaboration will be maintained with planning and advocacy activities supported by UNDP, WHO and UNFPA.

44. **Cross-sectoral costs**. These costs will cover implementation costs that are not attributable to individual programmes. This will include such activities as public

information for fund-raising and other purposes, and capacity-building of national and international UNICEF staff.

Major partnerships

45. Major programme partnerships are described above. The country programme will be implemented in close collaboration with other United Nations agencies and members of the Humanitarian and Development Working Group in the Democratic People's Republic of Korea in support of the CAP and progress towards the Millennium Development Goals. Close contact will be maintained with funding partners both to maximize resources and to profit from their substantive input into programme reviews and assessments, including facilitation of project visits for donors and National Committees for UNICEF.

Monitoring, evaluation and programme management

46. The country programme will be managed by the National Coordinating Committee for UNICEF, a multisectoral group comprising all government stakeholders. IMEP will provide for mid-year and annual reviews with all partners, including annual assessments of experience in focus counties/districts, informed in large part by field visits, an assessment of the focus county strategy in the second half of 2005 and MICS in 2004 and 2006. Indicators for programme progress will be tracked in ChildInfo. An assessment of the focus and results of humanitarian action will be carried out in 2004, and the situation analysis will be updated in 2005, probably in conjunction with an update of the CCA. As the UNDAF unfolds, adjustments may be made to the country programme at the end of 2004 to bring it in line with any strategic thrusts not now foreseen.